

KENTUCKY PROFESSIONAL COUNSELOR LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE)

| Last name: | | | | |
|--|------------------|-------------------------|-----------------------------|---------|
| First name: | | MI Soc. Sec. | . #: | |
| Address: | | | | |
| City: | | | | State |
| Zip Code: | - | | Male | -emale |
| Home phone: | | Business: | | |
| Check One | Exam Date | Registration Deadline | Exam Location | Site ID |
| | January 17, 2004 | December 2, 2003 | Louisville, KY | 1734 |
| | April 24, 2004 | March 8, 2004 | Lexington, KY | 1711 |
| | July 24, 2004 | June 8, 2004 | Louisville, KY | 1733 |
| | October 23, 2004 | September 7, 2004 | Bowling Green, KY | 1702 |
| PLEASE INCLUDE WITH YOUR MATERIALS The cost to register is \$120. This examination fee is non-refundable/non-transferable. Registration is required. Deadlines are strictly enforced. All exam registration materials must be received by the registration deadline (postmarks do NOT count). You will receive your admission ticket approximately two weeks prior to the exam date. Your admission ticket will include information regarding the date and location of the exam. PLEASE INCLUDE WITH YOUR MATERIALS Your completed registration form with signature. Your \$120 examination fee (please make check or money order payable to NBCC). An unofficial copy of your transcript showing conferral of a master's in counseling or a copy of your graduate diploma showing your field of study in counseling. WHERE TO SEND YOUR REGISTRATION MATERIALS NBCC PO Box 7407 Greensboro, NC 27417-0407 | | | | |
| QUESTIONS ABOUT THE EXAM ADMINISTRATION? Tel: 336-547-0607; Fax: 336-547-0017;E-mail: nbcc@nbcc.org | | | | |
| Have you previously taken the NCE with the National Board for Certified Counselors? Yes No If yes, on which date? Junderstand that I am taking the NCE for the purpose of fulfilling requirements for professional counselor certification in Kentucky. I authorize NBCC to provide the Kentucky Board of Certification for Professional Counselors with examination results. I understand that I am not eligible for Kentucky Certification until passing the NCE and completing all other certification requirements pursuant to KRS 335.525. | | | | |
| • | | | | |
| Signature: | | | Date: | |
| · | CHARGI | E ORDER FORM - DO NOT D | | |
| Signature: | | | ETACH | |
| Signature: | : VISA Ma: | | ETACH an Express | |
| Signature: Credit card type Account numbe | : VISA Ma: | | ETACH an Express Exp. date: | / |
| Signature: | : VISA Ma: | | ETACH an Express | / |